#### 

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Matis Feliciano Merced

HC 55 Box 9080 Ceiba, P.R. 00735

Participant's Email Address:

Matis Feliciano Merced

HC 55 Box 9080 Ceiba, P.R. 00735

Waleska Marrero Melecio

Address of Counsel: PNB 183, PD Box 194000 San Juan P.R

Email Address of Counsel: NA

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: NSC12003-00120 (302)
Nature of Claim: Damages

By: (Milliano)

Matis Feliciano Merced

Print Name

Title (if Participant is not an individual)

08-09-2021

Date

To whom it may concern: It the time of filling this notice I have not been represented by my counsel. Lie. Waleska Manero de Melecio was my lewyer during the time of claim in 2002-2003 Best Regards Mater Felinard M. Jelman

08-09-2021

HC 55 Box 9080 Ceiba, P.R. 00735

150

Clerk's Office Clerk's Office Bes Ave Carlos Chardon Ste. 150 San Juan P.R. 80918-1767

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# Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 4 of 116

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii aliy.				
Participant's Name:	JOSE F. WILLMO	DRE-HERM	and EZ	
Participant's Address:	3155- DAS HA POLY	n Dr. Kissii	MMEE, FI	L 34741
Participant's Email Address:	JO11211@HOTME	il. com		<del></del>
Name of Counsel:				
Address of Counsel:				
Email Address of Counsel:	<u> </u>			
2. Participant's C	laim number and the nature o	f Participant's Cla	aim:	
Claim Number:	17 BK 3283.LT	ζ	_ 1	
Nature of Claim:	PROMESA -	TITLE III		<del></del>
By: Mun	<u> </u>	- 20		
Signature	2	2		
	DIE-HERNANDEZ	1>	20 5 6 20 8	सर्वे सर्वे सर्वे
Print Name			) PH 2:	
·				1
Title (if Participant is	not an individual)		-	
8/2/20				
Date	24			



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#### 

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	100 H	
Participant's Name:	Virginia Cruz Seda	
Participant's Address:	14722 Siplin Rd Wini	ter Garden Fl. 34781
Participant's Email Address	: Virginia cruz seda Qyahoo	·com
Name of Counsel:	Prime Clerk LLC	
Address of Counsel:	£.U.	
Email Address of Counsel:	Later 12 1	
2. Participant's	Claim number and the nature of Partic	
Claim Number:	164616	Case# 17 BK 328
Nature of Claim:	Public Employee Claims	a see as the second
By: <u>Ilvignia Curs</u> Signafure	Seda	702
Virginia Cruz:	Seda	TANK STATE OF THE
Print Name		
Title (if Participant is	not an individual)	PH 2: 2
july 31, 202	<u>/</u>	al sort
/Date/		

COSTS-170020

San Juan P. K. 009 18-1767

que Carlos Chardon Ste

ORLANDO FL

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:
Participant's Name: EUGENEROTH
articipant's Address: 50 HAUPPAUGE ROAD COMMICK MY
articipant's Email Address:
Jame of Counsel: ROBERT BICHOUPAN P.C.
address of Counsel: 175 EAST SHORE ROAD SULTE 270
Address of Counsel: GREAT NECK N.Y. 11023
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17BK 3283-LTS = = = =
Vature of Claim: Plan of adjustment
y: Quare Roth
Signature
EUGENE ROTH
Print Name
Title (if Participant is not an individual)
8 2 21
Date

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# Case:17-03283-LTS Doc#:17761-1<sub>co</sub>Filed:08/11/21<sub>Lib</sub>Entered:08/11/21 11:16:33 Pro se Notices of Participation Page 10 of 116

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1.

Participant must provide all of the information below in English:

<ol> <li>Participant's contact information, including email addres if any:</li> </ol>	s, and that of its counsel,
Participant's Name: RAY M LAMB T	rust RAY Lumb Trust
Participant's Address: P.O. 130X 4 M+ LOO	Kout WD 26678
Participant's Email Address: Jan Lamb 19 @ Live. o	mos
Name of Counsel: GENN Forerster 1	9 N #455 Tarpon Spring
Address of Counsel: 40946 US Highway	743468
Email Address of Counsel: Glenn. Forster@	clsecurities, com
2. Participant's Claim number and the nature of Participant'	
Claim Number: 745/4LB89	
Nature of Claim: 7451 60 RC7	Puerto Rico
By: Ray My Lambs	Pomwith Pub-Impt Poerto Rico Comwith
Signature	Pierto Rico Comwith
Ray M Lamb	aduduct + SwR,
Print Name	
RAY M Land Trast	SEC 2
Title (if Participant is not an individual)	全元
Aug 1 2021	量 5 日
Date	조님의 그 원
Instructions for Filing Notice of Participation: If you are represented	by applied this Matie

cipation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

210720V2 CONFIRMATION DISCOVERY PROCEDURES NOTICE

VERSION JULY 20, 2021



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#### Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc Pro se Notices of Participation Page 12 of 116

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Donna Severidt & Ronald Barry
Participant's Address: 5 445 E. PAVILION Court, Uni+15  Dew Info 7 Green Valley, A2 85614  Participant's Email Address: A reen Valley, A2 85614
Participant's Email Address: donnaseveriat@gmail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: <u>No.17B K 3283-LTS</u>
Nature of Claim: Puerto Rico Comwith, Pub Impt. Ret Bds SER 20124
Nature of Claim: Puerto <u>Rico Comwith</u> , <u>Pub Impt. Ref Bds SER 201</u> 24  By Norma Severalt Rome El Earn CUS IP 74514 LB89, Loss of Signature  Revenue (4 principal on sale)
Signature Revenue ( principal vii)
Donna Severial Ronald Barry
Print Name
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Title (if Participant is not an individual)
8/2/2021
Date







Participant must provide all of the information below in English:

	contact information, including email address, and that of its counsel,	
if any:	Milio M. L. 20 Minus 988.242.2	2070.
Participant's Name:	from we make all all	01 A
Participant's Address:	118 Exchange; S.T. APF. D. Laurence V	341.
Participant's Email Address:		
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's C	Claim number and the nature of Participant's Claim:	040
	10 10	6. 12
Claim Number:	171965 * anos de servic	NO.
Claim Number:  Nature of Claim:	Coorparación Azucarera Central, Mer	cedita
Claim Number:  Nature of Claim:  By: Signature	Coorparación Azucarera Centralimer	cedita once:
Claim Number:  Nature of Claim:  By: Julio M. Loge  Signature  Oulio M. Lo  Print Name	Coorparación Azucarera Central, Mer & Alvarez. & Servicio por 2, P Emples:	cedita once
Nature of Claim:  By: Julio M. hope Signature  Julio M. ho  Print Name	Coorparación Azucareva Central; Mer & Alvang. & Servicio por 2, P Empleo:	cedita once
Nature of Claim:  By: Julio M. Lope  Signature  Julio M. Lo	Coorparación Azucareva Central; Mer & Alvang. & Servicio por 2, P Empleo:	cedita once
Nature of Claim:  By: Julio M. hope Signature  Julio M. ho  Print Name	Coorparacion Azucareva Central; Mer & Alvarez & Servicio por 2, P Empleo: Servicio por 3, P Empleo: Servicio por 4, P Empleo: Servicio por 4, P Empleo: Servicio por 4, P Empleo: Servicio por 4, P Empleo:	cedita

Lawrence M.A. ART.D

United States District Court, Clers Office, 150 AVE, Chardon Ste.

San Juan, 2.2 00918-1767

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#### Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc Pro se Notices of Participation Page 16 of 116

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:			
Participant's Name:	élica Rodnique	2	
Participant's Address:	-01 Box 4908	>	în a
Participant's Email Address: Qu	gelica rochique	1ez 00/23@ 9	Mail: COM
Name of Counsel:	)		
Address of Counsel:			
Email Address of Counsel:	5 (0.90)		
2. Participant's Claim	number and the nature of P	'articipant's Claim:	
Claim Number: 16	9127		£.
Nature of Claim:	iming: My husb	and Money in 01-	15-2016
By: Ingelier Korriques	the Paper	-Kin sugar Corpore were 20st dunne e 201912017.	g warra
Signature	hurracains	201912017.	3
Angelica Bodrigu	er	11-51-11-15-15-15-15-15-15-15-15-15-15-1	<b>E C</b>
Print Name		200	5
		\$5°	5 5
Title (if Participant is not a	individual)	-	1.2
8-9-21			72 E
Date			G

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# Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 18 of 116

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

if any:
Participant's Name: Maritan Santones Vege  4 vb. Mans innes de tienn Tonismo calle 3, 117
Participant's Address: Brymon P.R. 00956
Participant's Email Address: Santiago maritre 19620 Smail, Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: $\# 49762 - \# 177924 - 176534$
Nature of Claim: Ley Promes 89- Romerazo 176567
By: Mod Atyley Signature
Maritan Santing Vega Print Name
Print Name O O RESERVED TO THE PRINT OF THE
Title (if Participant is not an individual)
Date agosto de 2021

from: Maritus santingo 18°C Web. Mansiones de Svenna Tuin Calle 3, 117 Braymon, P.R. 00956

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United States Dastict as Clerk's Oppice, 150

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Ivelisse Buono
Participant's Address:	P.O.Box 7293, Ponce, PR. 00732-7293
Participant's Email Address:	ivebuono @ yahoo , com
Name of Counsel:	N/A
Address of Counsel:	
Email Address of Counsel:	. =
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	14246
Nature of Claim:	Investment \$10,000.00 Employees Retirement Syste.
By:   Signature	Investment \$10,000. Employees Retirement Systemant of the Commonwealth of Everto Rico
Ivelisse Bu	ono
Print Name	
Title (if Participant is	not an individual)
August 06, 20	

P.D. Box 7293 PONCE, P.R. 00732-7293

- Velisse BuoNo

SAN JUAN PR

United States District

Ave. Carlos Chardon Ste. 450 P.R. 05918-1767

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COULT I YOU'N

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name: Nélida Roig	Santiago
Participant's Address: P.O. Box 274	, Salinas, P.R.
	hoo. com
Name of Counsel: Gob. de P.R.	Estado Libre Asociado
Address of Counsel: Puerto Rico	
Email Address of Counsel:	
2. Participant's Claim number and the nature	of Participant's Claim:
Claim Number:	
Nature of Claim:	20 A A A A A A A A A A A A A A A A A A A
By: Ulliba Ray Santings Signature  Nelida Roig Santiago  Print Name	ED & FILED TRICT COURT

Salinas, P.R. 00751

United States District Court
Clerk's Office
So Ave. Carlos Chardon Ste 1505
San Juan, P.R. 00918 - 1767

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#### Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc Pro se Notices of Participation Page 24 of 116

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		4		
Participant's Name:	Emelin	Acosta	Mert.	n e2
Participant's Address:	J.F. Kennedy	137 COLO 1	due vo, So	alings P.Q
Participant's Email Address:				
Name of Counsel:				-
Address of Counsel:				
Email Address of Counsel:				
	laim number and the natu			
Claim Number: Nature of Claim:	Beneficios	Corp A	Ly Care	ra P.R
By: Emelin Out	Merely			
DiBriance				70
Emolya	Acosta Mar	ti noz	50 5	5
Print Name			ASE	
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Date			S	

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1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

ii any:
Participant's Name: Digno Cartagene Color
Participant's Name:  Digno Cartegene Color  Participant's Address:  PD Box 883 Salines P.Ross
Participant's Email Address: deartegena 2 policia pr. gov
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 B16 3283-LTS
Nature of Claim: PR 1845 SRP 55176 Pack 10: 23185  By: Signature
Digno Catagene Colon Print Name
Argust 9, 2021 Title (if Participant is not an individual)
Date Page 1
Instructions for Filing Notice of Doutier at

Salines, P.R 66751 dum, P.R Soute-17on20 -81309 9 AUG 2021 PM 2 SAN JUAN PR

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name: Margarita J. Saliche Rodriguez	
Participant's Name: Margarita J. Saliche Rodriguez Participant's Address: Calle Degetan #19 Tuana Diaz PR	4
Participant's Email Address: Salichs margareta Egmal. Com	_
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:  Claim Number: 61923 Participant's Claim:	
Nature of Claim:  Sy: Margarita Palulu Arbuques  Signature  Margarita J. Salichs Rodrigues  Print Name  Title (if Participant is not an individual)	
Date Date	

Margaria Janas Calle Degotau #19 Juana Dian Roorgs

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#### Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 30 of 116

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	121	
Participant's Name:	Ana B. Palermo Crespi	D
Participant's Address:	P.D. Box 7102 Hayague	3, PR. 00681-7102
Participant's Email Address:	Palermoa23@g.mail.	Com
Name of Counsel:		d magnesia i
Address of Counsel:	Year and the second sec	
Email Address of Counsel:	e significantly	
2. Participant's C Claim Number: Nature of Claim;	Claim number and the nature of Participa  Un Known  Tuplouses Retirment	ant's Claim:
By: Signature  Ana B Pale  Print Name	entitotes actiment	PLOLIVED & FILED
Title (if Participant is	not an individual)	6
Date		

P.D. BOX 7102 Mayagies, DR. 00681-7102

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# Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 32 of 116

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any: Carmen L. Galindo Cordero Participant's Name: 0683 San German, P.R. 00683 Participant's Address: Participant's Email Address: Tynn galicor @ hotmail.com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: BK 3283-LTS Claim Number: Independient claim of money Nature of Claim: By: Signature Print Name Title (if Participant is not an individual)

1tc 03 Box 10683 San German, P.R. 00683

Clerk's office Jan Juan P.R. 00918-1767 150 Ave. Carlos Chardon Ste

9 AUG 2021 PM 2 SAN JUAN PR 009



# Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 34 of 116

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Lillian S. Velez Ortiz
Participant's Address:	70 Calle Cuesta Vieja San German P.R. 00683
Participant's Email Address	tatavelez 4421 C. GMail. Com.
Name of Counsel:	<u> </u>
Address of Counsel:	
Email Address of Counsel:	
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:  Nature of Claim:  By:  Signature  VIIIAN  Print Name	#100 00 Henewalis de Ruments de puedes estépulado pordey 87 april 1980 (Suy del Romenago) en el Des de Salues)  El EZ ORTIZ
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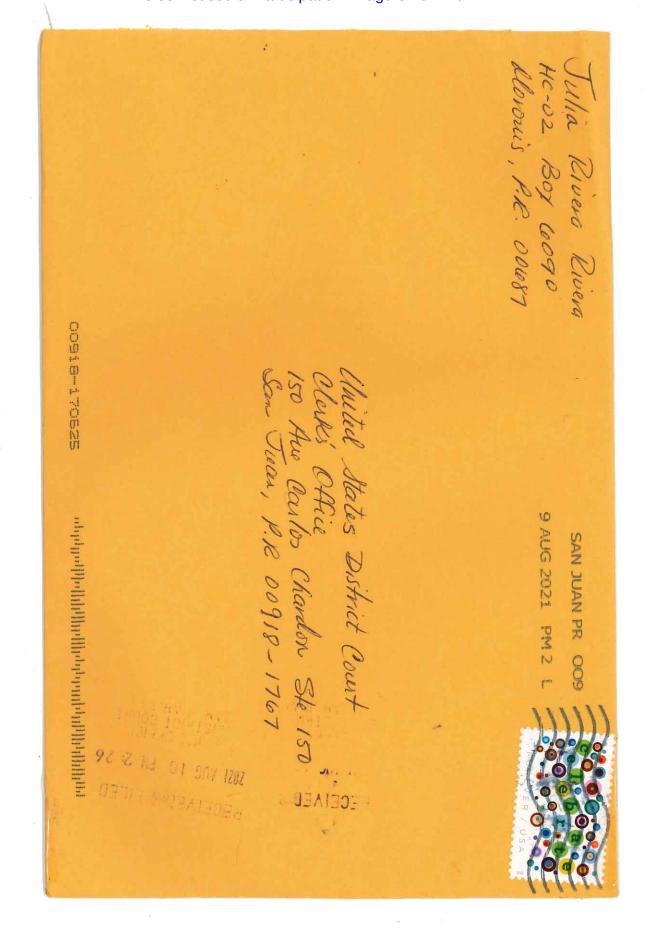
# Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 36 of 116

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:
Participant's Name: Julia Rivera Rivera
Participant's Address: HC-02 Box 6090, Morovis P.R. 00687
Participant's Email Address: Julia rivera 951@ gmail. com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:  Claim Number: Promesa Title III  Nature of Claim: No. 17 BIL 32
By: <u>Julia Rivera Rivera</u> Tulia Rivera Rivera
Print Name  Title (if Participant is not an individual)  4/agosto /2024  Date
Instructions for Filing Notice of Porticipation: If you are represented by council this Notice



### Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Pro se Notices of Participation Page 38 of 116

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

Participant's	Name:	Julia K	Zivera	Rivera		
Participant's		HC-02 B	00 609	o Morovis	S P.R.C	00687
Participant's	Email Address:	juliarios	19 951	a gmail.	eom	
Name of Co		mal. A.			20. S. O. 2017 (A)	der a
Address of C	counsel:	, , , , , , , , , , , , , , , , , , ,	2	2		1.
Email Addre	ss of Counsel:				10.	
Claim Numb	er:	Promesa  No. 17 BK	Title II	T MO KOUT	aim:	
Signat Tul Print I	lia Rivera Name	// /		Depository  that news in its  province to the control  that news in the control  that are are are the control  that are	USUUS THE TOPFIC	MELIVED & FI
Date	agosto /200	4				

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

1.

if anv:

, (

HC-02 150x 6090 Morovis, P.R. 00687

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an Juan, P.R. 00918-1767

#### Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Pro se Notices of Participation Page 40 of 116

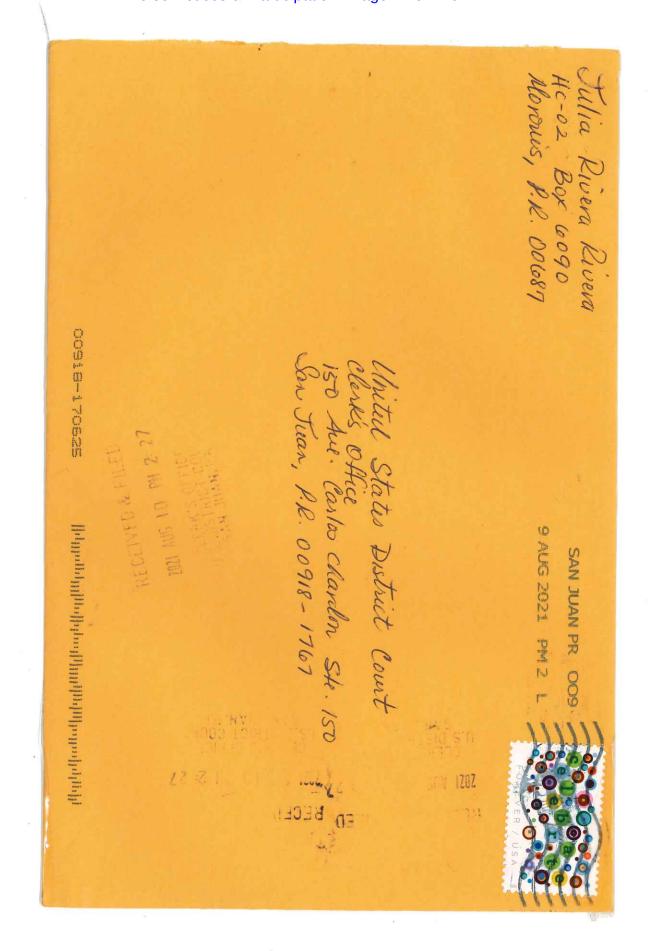
Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

ii diiy.				
Participant's Name:		Rivera Riv		
Participant's Address:	HC-02	Box 600	90 Morou	s P.R.00
Participant's Email Address:	juliario	verg 951 6	gmail. e	em
Name of Counsel:		•		7
Address of Counsel:				
Email Address of Counsel:	3 <del>2</del>	agent ya		2
Participant's C Claim Number:		the nature of Parti		
Nature of Claim:  By: <u>Julia Ruina</u> Signature <u>Julia Rivera</u> Print Name	Ruira	K 3283 - L	<b>73</b>	7021 AUG TO
Title (if Participant is real A / agos to / 202) Date	not an individual)			O PM 2: 27

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

if any



### Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Pro se Notices of Participation Page 42 of 116

Participant must provide all of the information below in English:

Participant's Name:  Participant's Address:  Participant's Email Address:  Name of Counsel:  Address of Counsel:  2. Participant's Claim number and the nature of Participant's Claim:  Claim Number:  Promesa Trile III  Nature of Claim:  No. 17 BIK 3283 - LTS  By:  Ada M. Pivera Rivera  Print Name  Title (if Participant is not an individual)  4- agasto - 2021  Date	1. Participant's if any:	contact information, including email address, an	nd that of its counse
Participant's Address:  Participant's Email Address:  Address of Counsel:  Address of Counsel:  2. Participant's Claim number and the nature of Participant's Claim:  Claim Number:  Promesa Title III  Nature of Claim:  No. 17 BIC 3283 - LTS  By: Ada M. Pivera Rivera  Print Name  Title (if Participant is not an individual)	Participant's Name:	Ada M. Rivera Rivera	1.0
Participant's Email Address:  Address of Counsel:  Address of Counsel:  2. Participant's Claim number and the nature of Participant's Claim:  Claim Number:  Nature of Claim:  No. 17 Bic 3283 - LTS  By:  Ada M. Pivera Pivera  Print Name  Title (if Participant is not an individual)	Participant's Address:	HC-02 Box 6170 Morovis P.	R. 00687
Name of Counsel:  Address of Counsel:  2. Participant's Claim number and the nature of Participant's Claim:  Claim Number:  Nature of Claim:  No. 17 Bic 3283 - LTS  By: Ada M. Pivera Rivera  Print Name  Title (if Participant is not an individual)	Participant's Email Address:	adamaria rivera @ gmail eom	
Email Address of Counsel:  2. Participant's Claim number and the nature of Participant's Claim:  Claim Number:  Promesa Tifle III  Nature of Claim:  No. 17 BIL 3283 - LTS  By: Ada M. Rewera Rivera  Print Name  Title (if Participant is not an individual)	Name of Counsel:		10° 1015
2. Participant's Claim number and the nature of Participant's Claim:  Claim Number:  Nature of Claim:  No. 17 BIC 3283 - LTS  By:  Ada M. Bewere Finena  Signature  Ada M. Pivera Rivera  Print Name  Title (if Participant is not an individual)	Address of Counsel:		= =
Claim Number:  Promesa Tifle III  Nature of Claim:  No. 17 BIL 3283 - LTS  By: Ada M. Bucera Finera  Signature  Ada M. Pivera Rivera  Print Name  Title (if Participant is not an individual)	Email Address of Counsel:		
Claim Number:  Promesa Tifle III  Nature of Claim:  No. 17 BK 3283 - LTS  By: Ada M. Bewer finesa  Signature  Ada M. Pivera Rivera  Print Name  Title (if Participant is not an individual)	2. Participant's C	laim number and the nature of Participant's Cla	aim:
By: Ada M. Pivera Rivera  Print Name  Title (if Participant is not an individual)			787 RE
By: Ada M. Pivera Rivera  Print Name  Title (if Participant is not an individual)	Nature of Claim:	No. 17 BK 3283 - LTS	
Title (if Participant is not an individual)	By: Ida H. Bener Signature		
	Ada M. Rivera Print Name	Rivera	7 2 27
	Water Live Table to Long		
4- agesto - 2021 Date	Title (if Participant is n	ot an individual)	
	4-agasto - 2 Date	021	

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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#### Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc Pro se Notices of Participation Page 44 of 116

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

11 any:								
Participant's Name:			Rivera					
Participant's Address:	HC-02	2 Bo	× 6170	Mor	ovis i	P.R. 000	287	
Participant's Email Address:								
Name of Counsel:								
Address of Counsel:								
Email Address of Counsel:			2	-				
2. Participant's Claim Number:			I the nature of $T_1 + 1/e$		ipant's C	Claim:	10	
Nature of Claim:			K 328	3 4	LTS		29.	
By: Ala M. Buie Signature	u Bu	(Levo)						
Ada M. Rive	19 RI	veig					20	-4
Print Name						SANS:	2 AUG	E 0 E
Title (if Participant is	not an inc	dividual	.)			556	0	FD
4-agosto-	2021					Baa	I S	ja Tj
Date							23	17
	0.000						CA	

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# Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 46 of 116

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Ada M. Rivera Rivera
Participant's Address: HC-02 Box 10170 Morovis P.R. 00687
Participant's Email Address: adamaria rivera @ gmail com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:  Claim Number: No. 17 Promesa Title III
Nature of Claim:  No 11 BK 3283 - LTS
By: Ada 4. Reina Burro
Ada M. Rivera Rivera Print Name
Title (if Participant is not an individual)  4- agosto- >021

\*

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## Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 48 of 116

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	
Participant's Name:	ga Burgs
Participant's Address: balle agua	dillets 4 Opt 401, Sayuant
Participant's Email Address: LUSINSZE	notreail.com 009017
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
Claim Number: 17-03283  Nature of Claim:	178540
By: Ona C. Vega Signature  ANA L. Vega	SAN JUNE 1
Title (if Participant is not an individual)	O PH 2: 27
Date	

Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 49 of 116

54 Calle Aguadilla San Juan, PR 00907-1182 00910-170625 Discovery Notice to the Court's Clerk's office at: United States District Court, Clerk's Office San Juan, P.R. 00918-1767 150 Ave. Carlos Chardon Ste. 150 SAN JUAN PR 009

#### Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 50 of 116

Participant must provide all of the information below in English:

1.	Participant's contact information, including email address, and that of its counsel, if any:
Participant's	Name: Rosita Anacho Mendez P.O. Box 447 Dorado P.R. 00646
Participant's	itteress.
Participant's	Email Address: arocho-rosita e hotmail.com
Name of Cou	nsel:
Address of C	ounsel:
Email Addres	ss of Counsel:
2.	Participant's Claim number and the nature of Participant's Claim:
Claim Numb	
Nature of Cla By: Signa	Querry = 3
Print	Name
Title  Date	(if Participant is not an individual)  Agust 9, 2021

P.O. BOX 447 Dorad P.R 00646

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SAN JUAN PR 009

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

ii aiiy.	
Participant's Name:	Carmen Ocasio Flores
Participant's Address:	CD-9 5 Res. Bairon Caguas, P.L. 00725
Participant's Email Address:	la fini fleur eyahoo. com
Name of Counsel:	NA
Address of Counsel:	NA
Email Address of Counsel:	N/A
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	17BK 3283-LTS
Nature of Claim:	I submitted a claim against the Common wealth
By: lanes Occión Signature	Jhres ->
Carmon Ocasio Print Name	Mores E E
Title (if Participant is r	oot an individual)
Ougust 9th, 20	221 - E

CD-9 5 Res Bairoa James Casio Flores Caguas, P.R. 00725

150 Ave. Carlos Chardon Ste. 150 US District Court, Clerk's Office

San Juan, P. D. 00918-1767

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#### Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc Pro se Notices of Participation Page 54 of 116

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:			
Participant's Name:	Grissel Collazo	Bernuc	der
Participant's Address:	AC OI BOX3694	Dulalb	a PR
Participant's Email Address:	grissrosario a gmail	· com	
Name of Counsel:			
Address of Counsel:			
Email Address of Counsel:			
2. Participant's C	laim number and the nature of Part	icipant's Claim	P
Claim Number:	61737	C/A C	2011 2011
Nature of Claim:	Public Employee	Claim	TitleIII
By: Signature	Berning		0 PH :
Print Name	Demudeo		200
Title (if Participant is	not an individual)		
August 9 Date	2021		

40 DI BOX 3654 Villalba, PR 00764

Grissel Collazo Ber Midez

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San Juan DR 00918-1767 150 Ave. Carlos Chardon Ste. 150 Clerk's Office. United States District Court



## Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 56 of 116

Participant must provide all of the information below in English:

1. Participant's contact information, including émail address, and that of its counsel,
if any:
Participant's Name: D. Gepo Maison
Participant's Address: Ull' Callunya actus de May
Participant's Email Address: Demy 502 & gmail Con
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number 4722-1) 112304-P
Nature of Claim: Pensis
By: CHause
Signature
Print Name
SALES OF LOCAL PROPERTY OF LOC
Title (if Participant is not an individual)
8-7-2021
Date 22 N

COMIG-1 FURNE - PR 00918-1967 SAN JUAN PR 009 200

#### Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Pro se Notices of Participation Page 58 of 116

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counse.
if any:
Participant's Name: De D. Crespo Havance
Participant's Address: Ille Calle lerry afters & May
Participant's Email Address: Demy St agmul. Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:  Claim Number (47737-1) 1233685-P
Nature of Claim: Dession
By: Signofura
Signature Creso Many
Print Name
Title (if Participant is not an individual)
Date Date
Instructions for Filing Notice of Participation: If you are represented by source of Notice



# Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 60 of 116

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ir any:	
Participant's Name: D. Crespo	roya altus dula
Participant's Address: 1112 Calle Le	royan altur Lika
Participant's Email Address: Demay Sot 8	grail con
Name of Counsel:	0
Address of Counsel:	
Email Address of Counsel:	1
2. Participant's Claim number and the nature of Claim Number 19724-1 1599812-1	f Participant's Claim:
Signature Signature Cresslation Print Name	MECLIVED & FILES CHARLES OF THE SAN JUAN BY
Title (if Participant is not an individual)  State  Date	260

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# Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 62 of 116

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	
Participant's Name:	Ana Ha doub Rivera
Participant's Address:	6 Sayone PRODEY
Participant's Email Address:	raddollar egnail.com
Name of Counsel:	atting, the proof of a supplemental transfer
Address of Counsel:	stration and the strategies of
Email Address of Counsel: _	
2. Participant's Claim Number: 17 8 283 CTS - Nature of Claim: By: One Daylor Signature Awa Haddou Print Name  Title (if Participant is not Date	aim number and the nature of Participant's Claim:  172484   172522  Lolic Engloyee and Bension Retires Claim  Relived  Lived  It an individual)

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#### Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc Pro se Notices of Participation Page 64 of 116

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: HNO M. Maddoll Bivera AT-31
Participant's Address: 6 vargana PN 00784
Participant's Email Address: haddockane @ gmail. com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Nature of Claim:  Nature of Claim:  Public Semployee and Person Reluce Claim  Signature  And W. Maddal Kinea  Print Name
Print Name  Title (if Participant is not an individual)  2 asosto 2 ( Date

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## Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 66 of 116

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: amen D Martinez Mercado
Participant's Address: Barriada Santa Ana Calle A-353 #05 Guayama, P. Roo7
Participant's Email Address:
Name of Counsel:
Address of Counsel: N/A
Email Address of Counsel: \( \textstyle \tex
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 170370
Nature of Claim: Promesa
By: Carmer Dolin morting marco
Signature
CarmenDelia Martinez Mercado
Print Name
Widow white appearance of the party and will be a first of the second will be a first of the sec
Title (if Participant is not an individual)
Date 06/2021

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## Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 68 of 116

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Madeline lega Diaz
Participant's Address:	Calle Cedro # 145 Hoda - Mi Q Viejo
Participant's Email Address:	Dorado RR. 00644
Name of Counsel:	a
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	72987
Nature of Claim:	Public Employee and Pension/Retires
By: Mallin	Vul
Signature	
Madeline V	egadiaz
Print Name	
:=://:	
Title (if Participant is	not an individual)
10/8/2021	
Date	
T	CD 4° 4° 10

Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Pro se Notices of Participation Page 69 of 116 Case:17-03283-LTS Desc: PR 1845 SRF 55176 PackID: 294854 MMLID: 574935-P SVC: MML-PC VEGA DIAZ, MADELINE HCDA.MI QUERIDO 145 CALLE CEDRO DORADO PR 00646 SOLOTIVONI San Juan, P.R. 00918-1767 United States District Court, Clerk's Office 150 Ave. Carlos Chardon Ste. 150 9 AUG 2021 PM 2 L SAN JUAN PR 9

# Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 70 of 116

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any: Edwin Manuel Nieves Ayala
Participant's Name:  Participant's Name:  Participant's Address:  Participant's Address:  Francia Manuel Nieves Ayala  ANA GARCÍA RODIZUEZ Bent Figuria  Calle Fernando Calder 457  Urb. Roo Sevelt - San Juan, Puerto Rico  00918
Participant's Address: Up - Roo Sevelt - San Vaan, Puerto 1200918
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: No. 17 BK 3283- LTS The Commonwealth of Paerts Rice, the
Nature of Claim: Employees Retirement System of the Common want to fairto
By: Conflict Rohing Cico, and the Puerto Rico Public Building
Signature  ANA GARGA Ridriques (viuda)  Edwin Manuel Nieves Ayala
Print Name
Fillit Name
Title (if Participant is not an individual)
7 de agosto de 2021
Date

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## Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 72 of 116

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name:

Restriction of the state of the stat Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: NO. 17 BK 3283-LTS Claim Number: Nature of Claim: By: Title (if Participant is not an individual)

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### Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Pro se Notices of Participation Page 74 of 116

Participant must provide all of the information below in English:

	contact information, including email address, and that of its counsel,
if any:	Ful Page Times
Participant's Name:	Justo Keyes lovies
Participant's Address:	Villa Cardina 150-3 Calle 424, Care
Participant's Email Address	justoveyeste gmail. com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	Claim number and the nature of Participant's Claim:
Nature of Claim:	VROMESA TITLE TO
By:	# # # # # # # # # # # # # # # # # # #
Signature	NO 10
JUSTO KRYEN	Torres
Print Name	
Title (if Doutiein out i	
Title (if Participant is	s not an individual)
Date Date	1021
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arding, PR 00985

San Juan, PR coal(8-1767 00918-1767 A CONTRACTOR OF THE PARTY OF TH

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# Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 76 of 116

Participant must provide all of the information below in English:

1. Participant's contact information, including email a	ddress, and that of its counsel,
Participant's Name: Louves Coon R	Rexach
	Calle 424 Cardina PRO
Participant's Email Address: 100062658@ hotmas	, com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Partic	1 - 4
Claim Number: (956 No. 17-8K-3,28	53-612
Nature of Claim: O MACSA TIH	e III
By: Dourdes la Calin Regal	2.80 %
Signature	586 <b>E</b> 5
Lourdes M. Colon Rexach	CEIVED LOS
Print Name	7 - 12 Co
	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Title (if Participant is not an individual)	
Aust 6, 2021	0
Date	

Lowds M. Calan Kexech Willow Carolina 424 8-150 \$3 (arding, P. Ca985

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United States District Gowt, Clerks

San Juan, PR co918-1767

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### Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc Pro se Notices of Participation Page 78 of 116

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: U.Box 46 Villaba, P.R. ODTLele Participant's Address: Participant's Email Address: Juseppt 2 lope 2123 @ Dut 100k . Com Name of Counsel: 150 Ave Carles Chardon Ste. 150, San Juan P.A. 00918-1767 Address of Counsel: Email Address of Counsel: Quertoncoinfo @ prineclerk.com Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: mplovee Claims Nature of Claim: By: Print Name Title (if Participant is not an individual)

Villaba, P.R. 00766

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Sen Juan, P. R00918-1767

o: Discovery Notice to the Courts Clerks office at united State District Court, Clarks office 3

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# Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 80 of 116

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Marta de las Angeles del Valle Tirad
Participant's Name: Marta de los Angeles del Valle Tirad  Participant's Address: Calle 1 D-9 Urb-Los Almendros, Jungo
Participant's Email Address: madelvalle tagmail - com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
Nature of Claim:
By: Maria de los Angeles de Malk Tirado  Brint Nama
Maria de los Angeles de l'Valk Tirado Print Name
Title (if Participant is not an individual)
9 de agosto de 2,021
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# Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 82 of 116

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name: Participant's Address: Participant's Email Address: astro B7 Calle 4 Caguas, P.R.00725 Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Class action Su Nature of Claim: Title (if Participant is not an individual)

Caguas, Puerto Rico 00725-

Rico 00725-To: CLERK

> SAN JUAN PR 009 AUG 2021 PM 2 L

San Juan, P.R. 00918-1767

50 Ave Carlos Chardon

### Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc Pro se Notices of Participation Page 84 of 116

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Lizette M. Cubero Vidot
Participant's Address:	Box 833 Garrochales, PB 00652
Participant's Email Address:	lizette cuberovidot@gmail.com
Name of Counsel:	none
Address of Counsel:	none
Email Address of Counsel:	none
Claim Number:  Nature of Claim:  By:  Signature	laim number and the nature of Participant's Claim:  17 BK 3283 - LTS  Creditor  abero Vi dot  not an individual)
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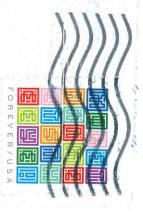
Box 833 Garrochales, PPA 00652

izethe M. Cubero Vidot

Ste. 150 an Juan PR 00918-1767 Carlos 1 trice

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SAN JUAN PR 009



### Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc Pro se Notices of Participation Page 86 of 116

Participant must provide all of the information below in English:

Participant's contact information, including émail address, and that of its counsel,

1.

if any:						
Participant's Name:	Mahir	Merca	ado Cr	uz		
Participant's Address:	8B Ab	elardo	Díaz	Loisa	tonce, 8	R. 08730
Participant's Email Address						
Name of Counsel:						
Address of Counsel:	-			True -		el la g
Email Address of Counsel:	-					
2. Participant's	Claim number	and the natu	re of Partici	pant's Claim	•: •:	
Claim Number:	15018					
Nature of Claim:	See c	Hachn	nent	4	ï	
By: Johishacas	Juna				(Park)	73
Signature	8				F-3	<del>7</del>
Nahir Merc	ado Cni	12		1		45
Print Name					5 VA	
				2	149	200
Title (if Participant is	not an individ	— lual)		7	超 7	
August 9,	2021.				30	0

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CLIPK'S OFFICE
U.S.DISTRICT COUR
SAN JUAN. PR

Vahir Mercado Cruz 8B Abelardo Díaz Loisa Ponce, P.R. 00730

Anited States District Court Herk's Office 150 Ave. Carlos Chardon Ste. 150 San Juan, P.R. 00918-1767



### Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 88 of 116

Participant must provide all of the information below in English:

<ol> <li>Participant's contact information, including email address, and that of its counsel, if any:</li> </ol>
Participant's Name: Amalbert-Millan, Maria A-
Participant's Address: Paseo Palma Real, 76 Calandria Juncus P.B.
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17BK3283-LTS #81661
Nature of Claim: Public Employee and Pensuis Retire
By: Maria a Camalbert
Amalbert-Millaw, Maria A.
Promeso Title III Title (if Participant is not an individual)
August 6, 2021 Date

Maria A. amalbert - Millan Pases Palma Real 76 Calandria Junces, P.R. 00777-3125

United States District Court, Clerks Office, 150 are. Carlos Chardon Ste 

SAN JUAN PR 009

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### Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Pro se Notices of Participation Page 90 of 116

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel, if any: EDITH KODRIGUEZ & Participant's Name: HC-02 Box 28526 CARO POID, PR COC Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim:

Title (if Participant is not an individual)

1.

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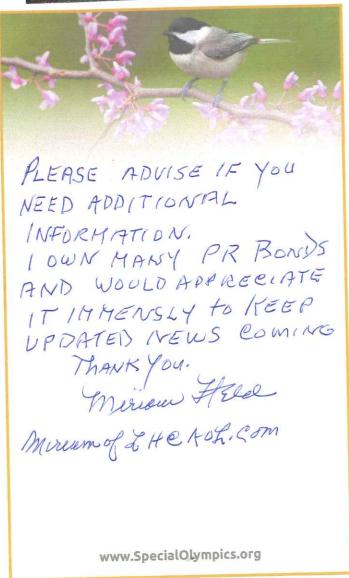
# 

SRF 55335

Participant must provide all of the information below in English:

<ol> <li>Participant's contact information, including email address, and that of its counsel, if any:</li> </ol>
Participant's Name: MIRIAM HELD
Participant's Address: 8877TULARE PRIVE UNIT308B
Participant's Email Address: MIRIATOFLHE AOL. COW
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: # 17BK-3283-LTS #17BK-3567-LTS # 13BK3566-LT
Nature of Claim: Commonwealth PR RETIREMENTS 48 / PBA  By: Marian Held REGUST INTENTION TO PARTICIPATE IN-PISCOVERY  Signature  ON ALL KUTURE ITEMS
Print Name
Title (if Participant is not an individual)
Ave 2 pa 2021 Date
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.





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# Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 95 of 116

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel, if any

Participant's Name:	Yamil	Gonzalez	Glazo	property — market proprocession and the contract of the contra
Participant's Address:	HC-02	BOX 10260	Collazo Las Marias P.R	00660
Paracipant's Email Address	yamilgo	rzalez 32@ (	gmail.com	A the contraction of the contrac
Name of Counsel:	$d_{1}(x) = \frac{1}{2} \left( \frac{1}{2} \left$	and the second s	- Company of the Comp	and a state of the
Address of Counsel:				
Email Address of Counsel:				
2. Participant's	Claim number a	nd the nature of Pa	rticipant's Claim:	
Claim Number:			and the second s	
Nature of Claim:  By:   Signature  Yamil Gonza  Print Name				energia Maria
Title (if Participant	is not an individ ン	ual) —		



# Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 97 of 116

Participant must provide all of the information below in English:

<ol> <li>Participant's confirmation</li> </ol>	ontact information, including email address, and that of	its co	unsel,
Participant's Name:	Linda M. Valentin Valle		
Participant's Address:	17 Urb. Los Mirasoles		
Participant's Email Address:	Arecibo, P.R 00612		
Name of Counsel:	A la		
Address of Counsel:	N/A		T.C.
Email Address of Counsel:	N/A 255	7 456	=
2. Participant's C	laim number and the nature of Participant's Claim:	$\equiv$	E
Claim Number:	17 BK 3283-LTS	E	K"
Nature of Claim:	PROMESA TITLO III	12	F*7
By: Lylofent Signature	in Valle		
Linda M. Vale Print Name	extin Valle		
Title (if Participant is	not an individual)		
6 de agosto a	ke 2031		

# Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 99 of 116

Participant must provide all of the information below in English:

if any:	mact information, including email address, and that of i	ils coi	unsei,
Participant's Name: _	Miguel A. Pérez Gorrale	2	
Participant's Address:	17 Urb: Cos Hirasoles	į.	
Participant's Email Address: _	Arecibo, P.R. 00612		
Name of Counsel:			
Address of Counsel:		7	7.1
Email Address of Counsel: _	200 P	S	
2. Participant's Cla	aim number and the nature of Participant's Claim:	$\overline{\Box}$	E
Claim Number:	17 BK 3283-175	PH 22	
Nature of Claim:	PROMESA Title III	0	1.7
Signature  Miguel A. Pere  Print Name	ez Gonzalez		
Title (if Participant is no Le agosto de la Date	ot an individual)		

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# Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 101 of 116

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Kalie S. Pérez Valentin
Participant's Address: 17 Urb. Los Mirasoles
Participant's Email Address: Arccibo, P.K. 006/2
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283 - 275
Nature of Claim: PROMESA Title III
By: Kolis Seiez Valertii Signature
Kalie S. Porez Valentin Print Name
Title (if Participant is not an individual)  Le de agosto de 2001  Date

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# Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 103 of 116

Participant must provide all of the information below in English:

1. Participant's c	ontact information, including email address,	and that of its counsel,
if any: Participant's Name:	Lynn K. Pézez Val	entin
Participant's Address:	17 Urb. Los Alirasoles	īv
Participant's Email Address:	Arecibo PR 00612	
Name of Counsel:	NA	-
Address of Counsel:	MA	
Email Address of Counsel:	N/n	3
2. Participant's C	Claim number and the nature of Participant's	Claim:
Claim Number:	17 BK 3283-LTS	量。5 5
Nature of Claim:	PROMESA Title	III
By: Lynn K. Percy 1 Signature	blatie	7 30 EE
Lynn K. Porez Print Name	Valentin	
Title (if Participant is	not an individual)	
Le de agosto e	de 2021	

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# Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 105 of 116

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Haydee Natario Alviva
Participant's Address: FC 66 Box 765/ Fajardo, P.R. 08738
Participant's Email Address: haydee 121956 a gmail - com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 170798
Nature of Claim: Unpaid of increase of salary.
By: Layolu Mann
Haydee Nazario Alvira
Print Name
Title (if Participant is not an individual)
August 5, 2021 Date

CLERKS OFFICE U.S. DISTRICT COURT SAN JUAN, PR DEL AUG TO AMILLET

P. 8. 00918-1767

SAN JUAN PR

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### Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc Pro se Notices of Participation Page 107 of 116

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Participant's Address: 32@ hot mail. com Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 845 SRF 55176 Claim Number: Nature of Claim: By:

U.S. DIS SAN JULY 2 32 Mariel Beltra Alman 1365 Wab-Hortesella Lars, P. R. Moles

of fice, 150 are Costos on p. R 00918-1767

### Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Pro se Notices of Participation Page 109 of 116

Participant must provide all of the information below in English:

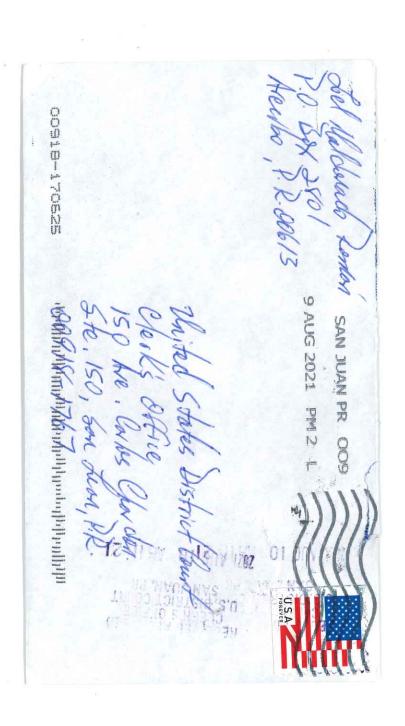
1. Participant's if any:	contact information, including email address, and that of its counsel,
Participant's Name:	Rivas Vazquez Elsie E
Participant's Address:	Urb Villa Rica, A-P-6 Calle Edmee Bayarnon, P
Participant's Email Address:	titimadring a hotmail. com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	126888
Nature of Claim:	Public Employee and Pension Retiree Claim
By: Elsie El Signature	was Vagues
Elsie E Ri Print Name	vas Vazquez
,	
Title (if Participant is	not an individual)
8 8 2021 Date	

Jamen PR 00959 Jan Juan, PR 00918-1767 00918-170625 SAN JUAN PR 009

# Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 111 of 116

Participant must provide all of the information below in English:

1. Participant's contact information, include	ling email address, and that of its counsel,
if any:	
Participant's Name: Fel Maldrag	& Roman
Participant's Address: P.O. Box 28	0/ Aresbo P.R. 006.13
Participant's Email Address: Melajpel Chota	eail-lou
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the natu	re of Participant's Claim:
Claim Number: 17 BK 36	283-175
Nature of Claim:	***
By: Halloked Ponlos	
Signature	
Loel Mal derado Randon	
Print Name	
The Constitution of the D	2 3 5
Title (if Participant is not an individual)	
Date	
Date	



# Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 113 of 116

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:				
Participant's Name:	Marcelo	R. Jara	Colow	
Participant's Address:	232 calle		cb. colinas:	2 Hotello F
Participant's Email Address:	elflace	gringo 73 (	a hot mail.	com
Name of Counsel:		0 0	,	
Address of Counsel:				
Email Address of Counsel:		I		
2. Participant's C	laim number and	the nature of Partic	cipant's Claim:	
Claim Number:		17BK 32	83-LTS	
Nature of Claim:	PROME	25h +i-	He III	1
By: Mark of Jon Signature	eff			
Marcelo Jarg	Color			
Print Name				SAN STANK
Title (if Participant is	not an individual	)		
9 Agosto	202			
Date				2 - 1

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Marcelo Jara Colon
232 calle Plata
Urb. Colinas 2
Hatillo P.R. 00459

Discovery Notice
United States District Gurt, ClerKS Office
150 Ave. Carlos Chardon Ste. 150
Can Juan P.R. 00918-1767

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# Case:17-03283-LTS Doc#:17761-1 Filed:08/11/21 Entered:08/11/21 11:16:33 Desc: Pro se Notices of Participation Page 115 of 116

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Esther Sanchez Hendez
Participant's Address: Urb. Villa Serena, Isabel 2da m-30 Arecibo PRODEIZ
Participant's Email Address: Sanchez 1954c agmail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 6/207
Nature of Claim: Pension Retiree claims
By: Estler Sanda menda
Esther Sancher Hender
Print Name
Title (if Participant is not an individual)
Agosto 9/2021

De: Esther Sanchez Hender urb. Uilla Sevena Isabel 2 da m-30 Areabo P. Roous

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Clerk's Office

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